PTO/SB/06 (08-03)
Approved for use through 7/51/2006, OMB 0851-0032
ant end Tradiment Office; U.S. DEPARTMENT OF COMMERCES
Too of Information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-675									Application of Englas Municipal 32			
CLAIMS AS FILED — PART I (Column 1) (Column 2)							SMALL ENTITY		OR		R THAN ENTITY	
	FOR	MUNE	MUNIBER FILED		MUMBER EXTRA		RATE	FEE		RATE	FF.E	
	IC FEE CFR 1.16(a))				·			s	OR		·	
	AL CLAMS CFR 1.10(c))		mines 20				x s •		OR	X 5=		
100	EPENDENT CLAI CFR 1.16(b))	MS	minus 3			x s •			OR XS -			
MALTIPLE DEPENDENT CLAM PRESENT (37 OFR 1.14(d))						+s •		OR	+, .			
*If the difference in column 1 is less than zero, enter "O" in column 2.						, ,	TOTAL		OR	TOTAL		
-									,	101.2		
CLAIMS AS AMENDED - PART II 5/3/5 (Column 1) (Column 2) (Column 3)							SMALLE	ENTITY	OR OTHER THAN SMALL ENTITY			
DMENT.		CLAMS REMAINING AFTER AMENIOMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE :	ADDI- TIONAL FEE	
3	Cts Ctts residi	. 47	Minus	-47	.0	ll	x \$		OR	x \$		
X	Independent (37 CFR 1,1603)	3	Minus	- 3	4	Н	x \$=		OR	x s =		
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAM (07 CFR 1.16(d))				П	+1 =		OR .	+8 •			
	41.0						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
	1418.0)) (Cotomo t)		(Calemn 2)	(Column 3)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	L		700011	· ·	
ENDMENT	•	CIANAS REMANING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADOI- TIONAL FEE		.RATE	ADOI- TIONAL FEE	
8	Total car con 1.16(d)	47	Minus	"47			x s=		OR	x s=		
ÆN	Independent (SF CFR 1.36(t))	. 3	Minus	~ 3	./		x s=		OR	X \$		
₹	FIRST PRESENTATION OF MULTIPLE DEPONDENT CLANA (27 OFR LINGS)						+4 . •		OR	+8		
						•	TOTAL .		OR	TOTAL ADD'L FEE	·	
	-	(Column 1)	•	(Column 2)	(Cotumn 3)				}		-	
ENT .		CLABAS REMAINING AFTER AMENDMENT	•	HIGHEST MUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDF TIONAL FEE	
ENDMENT	Total (27 CFR L16)(3)	•	Minus	-	•		X-\$		OR	x1	. :	
EN	Independent GF GFR 1.14mB		Minus	•••	=		x s=		OR	x s=	·	
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(41))						+5 .		OR	+ 5=		
							TOTAL ADD'L FEE		OR :	TOTAL ADD'L FEE	• • •	
* If the entry in column 1 is less than the entry in column 2, write "If in column 3. "If the "Righest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Righest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Righest Humber Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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This collection of information is required by 37 CFR-1.16. The information is sequired to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application, Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, end submitting the completed application form to the USPTO. Time will very depending upon the involutional case. Any comments on the amount of time you require to complete this form endor supperform for reducing this burden, should be sent to the Chief information Officer, U.S. Palent, and Yandemark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND PEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

Provinced assistance in completing the form; cell 1-800-PTO-9189 and select option 2.

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	Effective October 1, 2000								1875	22	5993	Z 2132	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			47					RATE	FEE	٦¨	RATE	FEE	
FOR			NUMBER	IUMBER FILED NU		BER EXTRA		BASIC FI	E 355.00	OR	BASIC FEE	1	
TO	TAL CHARGEA	BLE CLAIMS	47 min	inus 20= "		27		X\$ 9=		OR	X\$18=	486	
INC	EPENDENT CL	AIMS	3 minus 3 = *		4			X40=	 	4	X80=	400	
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT						┿┈	OR			
- II	the difference	in column 1 is	less than zero, enter "0" in column 2			columo 2	-:	+135=		OR	+270=	-	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	· L	OR	TOTAL	1196	
21404 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALI	- ENTITY	OR	OTHER	THAN ENTITY		
¥		CLAIMS REMAINING		HIGH	HIGHEST NUMBER PRESENT				ADDI-	7	<u> </u>	ADDI-	
富		AFTER AMENDMENT		PREVIO	DUSLY	EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
AMENDMENT A	Total	. 47	Minus	- 4	17	= 1)		X\$ 9=	/	OR	X\$18=	0	
ME	Independent	· '3	Minus	•••	3	= 0		X40=	1 -/	OR	X80=	0	
	FIRST PRESE	NTATION OF MI	ULTIPLE DE	PENDENT	CLAIM		1	-406	1/		.030	0	
							L	+135= TOTA	1/-	OR	+270= TOTAL	0	
		/Oak			· .			DOIT. FEI	<u> </u>	OR	ADDIT. FEÈ	(//	
		(Column 1)		(Colur HIGH		(Column 3)	ìr		LADO	i '			
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE	
8	Total	•	Minus		/	=	H	X\$ 9=		OR	X\$18=		
AME	Independent	NTATION OF MU	Minus \	***		-		X40=		OR	X80=		
	rinoi rhese	NIATION OF MI	DETIFIE DE	ENDENI	CAIM		'	+135=		OR	+270=		
		•		. \ /			_	TOTAL DOIT, FEE		OR	TOTAL ADDIT, FEE		
		(Column 1)		(Cotun		(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	SER WSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	,	RATE	ADDI- TIONAL FEE	
2	Total	•	Minus /	**	$\overline{}$	0	l	X\$ 9=		OR	X\$18=		
AME	Independent	•	Mirus	•••		7		X40=		OR	X80=		
Ĺ	HINST PRESE	NTATION OF MI	JLT)PLE DEF	ENDENT	CLAIM	$\dot{\sim}$!	. 105					
* if the entry in column 1 is less than the entry in column 2, write 10° in column 3.										OR	+270= TOTAL		
****If the **Ighest Number Proviously Paid For IN THIS SPACE is less than 3, enter *3.* ADOIT, FEE													
The "Highest Number Proviously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													
FORM PTO-675 Patient and Trademark Office, U.S. DEPARTMENT OF COMMERCE Rev. 800)													

Application or Docket Number